

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILING DATE

107264125

521-259-2120 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
2						
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11						
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18		1		1		
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49						
50						
TOTAL NO.	2		2		1	
TOTAL OFF.	18		18		4	
TOTAL	17		18		5	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
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97						
98						
99						
100						
TOTAL NO.	1					
TOTAL OFF.						
TOTAL						